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## **MEDICAL RESPONSE TO A MULTI-CASUALTY INCIDENT**

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### **PURPOSE**

To outline and coordinate the responses by EMS system participants to Multi-Casualty Incidents (MCI) and to standardize definitions, as outlined in the Firescope Field Operations Guide (FOG) and the responsibilities of each participating entity.

### **PRINCIPLES**

1. Field responses to a MCI will follow the procedures/guidelines consistent with the Incident Command System (ICS) as outlined in Firescope.
2. Hospitals shall receive as much advanced notice as possible to prepare for arriving patients.

### **SCOPE**

A MCI is any incident where personnel on scene have requested additional responses to care for all victims.

- Incident requires five (5) or more ambulances; and/or
- Incident involves ten (10) or more patients; and/or
- Requires utilization of triage tags; and/or
- May require patient distribution to more than one (1) hospital.

### **PROCEDURE**

#### **General Operational Procedures**

1. First arriving resource with the appropriate communications capability shall declare an MCI; establish command, name the incident and request hospital bed availability through the Coordinated Communication Center (CCC). This resource shall remain in command until relieved by the public safety agency having jurisdictional authority.
2. All operation functions and procedures on scene will be in accordance with Firescope.
3. The Incident Commander (IC) will assign the first available resource to triage. Adults shall be triaged according to START as outlined in Firescope. Pediatric patients shall be triaged according to JumpSTART (see definitions) developed by California Emergency Medical Services for Children.

4. The IC or designee shall establish communications with the CCC on the Med Comm Talk Group for situation update and to obtain hospital bed availability.
5. The Medical Communications Coordinator (Med Comm), when initially communicating with the CCC, will provide the following information:  
  
Name of Incident type, location and agency in charge.
6. Patients should generally be transported to the appropriate hospitals as provided to the Med Comm by the CCC.
7. The Med Comm shall notify the CCC with the following information for all patients departing the scene:
  - a. Transport method (air, ground, bus)
  - b. Transport agency and unit
  - c. Number of patients (adult and pediatric)
  - d. Classification of patients (Immediate, Delayed, Minor)
  - e. Destination (in accordance with CCC destination availability)
8. Transporting units shall make attempts to contact the receiving hospital enroute to provide patient(s) report using the incident name to identify the patient and provide the following information:
  - a. Incident name
  - b. Transporting agency and unit number
  - c. Age/sex
  - d. Mechanism of injury
  - e. Chief complaint and related injuries that may need specialty services, e.g. respiratory, neuro, vascular or decontamination
  - f. Glasgow Coma Scale
  - g. ETA
9. If the destination is changed en route from that provided by the Med Comm, the transporting unit shall notify the CCC through its dispatch and shall make contact to revised receiving hospital. The CCC will notify the original destination that the transporting unit has been diverted by the base station physician or that the patient condition has deteriorated.

**Special Operational Procedures - Use of Non-Emergency Vehicles**

The Patient Transportation Unit Leader (PTUL), in coordination with the IC, may utilize non-emergency vehicles to transport patients triaged as “minor.” The Med Comm will work with the receiving facilities to coordinate the destinations. In such cases, the following conditions shall apply:

1. Non-emergency vehicles may be requested through the CCC or by special arrangement made on scene by the PTUL; however, in the event arrangements are made on scene, the PTUL shall notify the CCC.
2. If resources allow at least one ALS team (minimum of one paramedic and one EMT) with appropriate equipment will accompany each non-emergency transport vehicle.
3. Generally, the ratio of patients to ALS team should not exceed 15:1.
4. In the event of deterioration of a patient enroute, the non-emergency unit shall immediately call for an ALS emergency ambulance and transfer care for transport to the closest emergency department.

**Responsibilities of the County Communications Center (CCC)**

1. Upon field notification of an MCI, the CCC shall immediately poll hospitals via the ReddiNet for bed availability.
2. The CCC shall advise other 9-1-1 dispatch centers of the MCI, including the name and location.
3. The CCC shall dispatch all air resources for the MCI.
4. The CCC shall notify the EMS Agency when five or more ambulances are requested.
5. The CCC will confirm patient departure from scene with Med Comm by providing the departure time.
6. The CCC will advise receiving hospitals of the number/categories of patients en route via ReddiNet or other approved method.
7. The CCC will notify all involved hospitals when the MCI is concluded.

### **Responsibilities of the Receiving Hospital**

1. All hospitals shall respond immediately to the ReddiNet poll.
2. A receiving facility may not change the destination of a patient.
3. A designated Trauma Hospital Base Station physician may change a patient destination only if a patient condition deteriorates.
4. Hospitals shall enter all required information into the ReddiNet, including, but not limited to, names, age sex and triage tag number of patients transported from the MCI.
5. Each hospital that received patients from the MCI shall participate in after action reviews as necessary.

### **Medical Control**

1. EMS personnel shall operate within ICEMA “prior to contact” protocols for both medical and trauma patient(s).
2. If base station consultation is necessary, medical control refers to a specific patient(s) and not to the incident as a whole (operational aspects).

### **Field Documentation**

1. The Med Comm maintains responsibility to ensure the following:
  - a. Utilization of the Med Com log. This form will include:
    - i. Name and location of the Incident
    - ii. Triage tag number for each patient and their hospital destination
    - iii. Brief description of the Incident
  - b. Completion of as much information as available will be documented on the triage tag.
  - c. A completed individual patient care report for all patients with a chief complaint who “refuse treatment” and desire to sign a release of liability or AMA.
2. Each transporting unit is responsible for generating a patient care report for each patient transported excluding patients transported by non-emergency vehicles. Those transported in non-emergency vehicles will be identified by triage tags. This should include patient tracking tag/number and will indicate the incident name and location.

## ADDENDUM

### Firescope Operations Procedures of a Multi-Casualty Incident

#### Operational System Description

The Multi-Casualty organizational module is designed to provide for the necessary supervision and control of essential functions required during a Multi-Casualty Incident. The primary functions will be directed by the Medical Group Supervisor, if activated (or Operations), who reports to the Multi-Casualty Branch Director, if activated, or in most cases, the Incident Commander. Resources having direct involvement with patients are supervised or coordinated by one of the functional leaders or coordinators.

The Medical Branch structure in the ICS system is designed to provide the Incident Commander with a basic, expandable modular system for managing the incident. The system is designed to be set up consistent in all incidents involving mass casualties and has the ability to expand the incident organization as needed.

**Initial Response Organization:** Initial response resources are managed by the Incident Commander, who will handle all Command and General Staff responsibilities. The resources will respond based on the **operational procedures** (as outlined in this protocol).

**Reinforced Response Organization:** In addition to the initial response, the Incident Commander establishes a Triage Unit Leader, a Treatment Unit Leader, Patient Transportation Unit Leader and Ambulance Coordinator. Also patient treatment areas are established.

**Multi-Group Response:** All positions within the Medical Group are now filled. The Air Operations Branch may be designated to provide coordination between the Ambulance Coordinator and the Air Operations Branch. The Extrication Group is established to free entrapped victims.

**Multi-Branch Incident Organization:** The complete incident organization shows the Multi-Casualty Branch and other Branches. The Multi-Casualty Branch now has multiple Medical Groups (geographically separate) but only one Patient Transportation Group. This is because all patient transportation must be coordinated through one point to avoid overloading hospitals.

#### Operational Principles

1. First arriving resource with the appropriate communications capability shall declare an MCI, establish command, name the incident, and request bed availability. This resource will remain in command until relieved by the public safety agency having jurisdictional authority.
2. The IC will assign the first available resource to triage. Victims shall be triaged according to START/JumpSTART criteria, and ICS shall be implemented according to Firescope.

3. The IC will assign the resource with the appropriate communications capability to establish communications with CCC situation update and to obtain bed availability.
4. Treatment areas are set up based upon needs and available resources according to classification of patients (immediate, delayed and minor.) The Treatment Unit Leader will notify Patient Transportation Unit Leader when a patient is ready for transportation and of any special needs (e.g. Burns, Pediatrics, etc.)
5. Patients are transported to the appropriate facilities based upon patient condition, bed availability, and transport resources. The Patient Transportation Unit Leader and the Medical Communications Coordinator will work together to transport the patients using the appropriate methods to the most appropriate destinations.
6. The Patient Transportation Unit Leader/Medical Communications Coordinator will determine all patient destinations.
7. The Incident Commander will designate a staging area (s). Transportation personnel should stay with their vehicle to facilitate rapid transport, unless reassigned by the Incident Commander or his designee.
8. The Patient Transportation Unit Leader will then call for an ambulance or other designated transportation vehicle to respond to the loading area.
9. The Patient Transportation Unit Leader, in coordination with the Incident Commander, may put in a request through the Communications Center for busses to transport minor or uninjured patients.
10. The Patient Transportation Unit Leader will copy the information from the triage tag onto a Patient Transportation Log, and confirm destination with the ambulance crew.
11. The Patient Transportation Unit Leader will notify Medical Communications Coordinator of patient departure.
12. The transporting unit should contact the receiving facility en route with a patient report, using the Incident name to identify the patient.